

MAKING THE JOB SHARE PROPOSAL

There is no required way in which a job share arrangement must be proposed. It may be done in a letter or memorandum. It may be done verbally, or the following form may be used. Whichever method is used, some written approval with the effective date of the arrangement should be included in the files of job share partners. This is important because the effective date of the arrangement triggers the pro-rations of benefits, which is discussed in a later section.

The form provides space to indicate the information on the partners, the positions involved, effective date, the proposed work schedule, the proposed division of duties and responsibilities and management's response. The position description, work plan and performance appraisal all should be used to complete the proposal.

OPI JOB SHARING PROPOSAL

SECTION I. GENERAL INFORMATION

Name _____
Current Position Title _____
Current Grade _____

Unit _____
Division _____
Telephone _____

Name _____
Current Position Title _____
Current Grade _____

Unit _____
Division _____
Telephone _____

SECTION II. POSITION TO BE SHARED

Position Title _____
Grade _____
Unit/Division _____
Immediate Supervisor _____

Effective date of
Job Share _____

SECTION III. OUTLINE OF YOUR PROPOSED JOB SHARING SCHEDULE FOR THIS POSITION (Please complete both A & B)

A. Name _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday

B. Name _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday

SECTION IV. DESCRIPTION OF PROPOSED HANDLING OF DUTIES AND RESPONSIBILITIES

Briefly describe how the following items will be handled in your job sharing plan (attach additional pages if needed).

1. Division of duties and responsibilities listed in position description or work plan.
2. Exercise of supervision
3. Use of equipment and physical space
4. Personal contacts
5. Reduction of duplication of effort and error
6. Communication between partners
7. Communication with supervisor
8. Development of work methods and procedures (work plan)
9. Development of performance appraisal
10. Other considerations pertinent to this position:

SECTION V. APPROVAL OF PROPOSED JOB SHARING PLAN

Approved _____ Approved with revisions _____

Not approved _____

Comments:

Signatures:

Supervisor

Date

Administrator

Date

Superintendent or Designee

Date